



PEC UPDATE

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Happy Halloween!



National Mail Order Pharmacy Program

The National Mail Order Pharmacy (NMOP) Program was born as a direct result of the success of the DoD Mail Order Pharmacy Demonstration Project. This new contract, awarded on 6 August to Merck-Medco Managed Care, will begin servicing eligible beneficiaries as of 6 October 1997.

The contract was awarded by the Defense Personnel Support Center (DPSC) in Philadelphia as a "Best Value" procurement where technical merit was more important than price. A panel, which included three pharmacists, evaluated the technical factors as follows: Quality Assurance, Management Plan, Corporate Experience, Socioeconomic Considerations, and Systems and Electronic Data Interface (EDI) Capability. DPSC will serve as the contract administrator.

In addition, DPSC is in the process of awarding a National Pharmaceutical Wholesaler who will be responsible for supplying the contractor pharmaceuticals at government cost via Distribution and Pricing Agreements (DAPAs). The contractor will also have access to DPSC Depot stocked items.

The beneficiaries eligible for the NMOP Program include:

- All Active Duty worldwide
- CHAMPUS beneficiaries in Alaska and Puerto Rico
- Overseas CHAMPUS beneficiaries provided their DEERS record reflects an APO/FPO address
- All TRICARE Prime enrollees who have selected the MTF as their Primary Care Manager
- BRAC Medicare eligibles in TRICARE Regions 1, 2, and 5 (Table) and at the following locations: Naval Air Station Adak, AK, Alameda, CA, and Treasure Island, CA; Fort Chaffee, AR; and Sierra Army Depot, CA
- Designated providers (formerly known as Uniformed Services Treatment Facility) enrollees

BRAC sites within Regions 1, 2, and 5 are listed in the Table. Medicare eligible retirees can use the mail order benefit if they reside within the former 40-mile catchment area of one of the BRAC sites, or if they have declared to DEERS their reliance upon the military pharmacy at the closed site. The eligibility of CHAMPUS beneficiaries in Alaska, Puerto Rico and overseas will be determined by the person's address listed in DEERS.

- No copayment is required for Active Duty members. Copayments of \$4.00 for active duty family members and \$8.00 for CHAMPUS and BRAC Medicare eligible retirees and their family members are required for each prescription filled or refilled.
- The National Mail Order Pharmacy Formulary will be utilized for this program. This extensive list of medications will be made available to patients and physicians. In the event a medication

Table. BRAC Sites Within Regions 1, 2, and 5

• Chanute AFB, IL	• Wurtsmith AFB, MI
• Fort Sheridan, IL	• NAF Detroit, MI
• Naval Air Station, Glenview, IL	• Pease AFB, NH
• Fort Benjamin Harrison, IN	• Griffiss AFB, NY
• Grissom AFB, IN	• NAVSTA, Staten Island, NY
• Blue Grass Army Depot, KY	• Plattsburgh AFB, NY
• Loring AFB, ME	• Philadelphia Naval Shipyard and
• Fort Devens, MA	Branch Naval Clinic, Warminster, PA
• K.I. Sawyer AFB, MI	• Vint Hills Farms Station, VA

is not on the formulary, the prescription will be returned to the patient by mail with a letter stating the alternatives on the formulary and a procedure for the physician to fax the prescription.

- Some prescriptions requiring compounding are included.
- Over-the-counter (OTC) medications are not authorized with the exception of Insulin, Insulin Syringes, and Glucose Monitoring Strips for insulin-using diabetics only.

Major Program Highlights:

- A 90-day supply for maintenance medications or a 30-day supply for controlled substances will be dispensed.
- There is a mandatory generic drug dispensing program. If the physician specifies 'Dispense as Written', the contractor is required to call the physician to authorize substitution. If the physician can document clinical reasons, *in writing*, as to why the brand name drug is required, the brand name will be dispensed. Documented clinical reasons are subject to clinical review and approval. Patients cannot request the brand name products.
- Prescriptions can be filled from both civilian and military providers; however, in accordance with Health Affairs policy, controlled substance prescriptions from military providers will not be filled.
- Controlled substance prescription will NOT be honored for Active Duty personnel.

- Patients will have access to a toll-free telephone number for member services to inquire about the program or the status of their mailed in prescriptions, to order a refill on a current prescription, and to speak with a registered pharmacist, if necessary.
- Patients with other health insurance (OHI) with a pharmacy benefit are precluded, by law, from using this program.

The contract has some specific requirements which include: the processing of 95% of prescriptions not requiring pharmacist intervention within two regular working days; procedures for emergency shipment of medications as a result of lost or damaged shipments, missing medications, and late submission of refill requests (at the patient's expense); prospective and retrospective drug utilization review; compliance with OBRA '90 patient counseling requirements; toll free modem access to allow pharmacy personnel at MTFs read-only capability of patient profiles; accom-

modations for visually or hearing impaired patients; and significant quality assurance monitoring with monetary assessments for non-compliance with standards.

In coordination with the Defense Medical Logistics Standard Support - Wholesale division (DMLSS-W), the Managed Care Pharmacy Team at DPSC has developed a business management software application to automate the audit and review process. This application verifies 100% DEERS eligibility, best price, duration of therapy, maximum dosages, and drug diversion. In addition, the application has multiple reporting capabilities crucial to pharmacy benefit management.

All MTF pharmacies will be receiving an informational video to educate pharmacy staff on the details of the NMOP program. Beneficiaries often look to MTF pharmacies for information on these programs, so it is essential that all pharmacy staff, including volunteers, understand how the program works. Additionally, over 2 million brochures are being mailed to Health Benefits Advisors for distribution. All eligible members will be receiving an information packet with program details and registration forms directly from the contractor.

Capt Debra Parrish, USAF, BSC, is the program director and Contracting Officer's Technical Representative (COTR) at DPSC for the National and BRAC Mail Order Pharmacy programs. The COTR ensures the contractor is performing in accordance with the statement of work by conducting monthly reviews of the claims billing summary, inventory, and intervention reports, purchasing invoices, and quality assurance programs.

For further information regarding the NMOP program, please contact Capt Parrish at DSN 444-3102 or (215) 737-3102. For information about the NMOP Formulary, contact the Chief of Pharmacy at your facility.



CFC Phase Out and Metered Dose Inhalers: What's Happening

In 1987, the United Nations sponsored an international agreement, the "Montreal Protocol on Substances that Deplete the Ozone Layer", to discontinue production and use of ozone depleting chemicals. Chlorofluorocarbons (CFCs), the propellant in most metered dose inhalers, are included in this agreement. As part of the U.S. Clean Air Act, CFC-containing metered dose inhalers (MDIs), were exempted from the CFC ban based on medically essential use. This exemption must be sought from the Environmental Protection Agency annually.

Since the first non-CFC metered dose inhaler was approved for use in the United States in 1996, the Food and Drug Administration (FDA) wrestled with the CFC issue. In March 1997, FDA published a proposed CFC-free metered dose inhaler rule in the Federal Register. The proposed rule states that "CFC-containing medical products would be considered for discontinuation when the following conditions are met:

- ▶ Acceptable treatment alternatives exist for the particular metered dose inhaler or other product, so each patient can find a product that meets his or her medical needs.
- ▶ The alternatives are marketed for at least one year and are accepted by patients.
- ▶ The supply of alternative products is sufficient to ensure that there will be no drug shortages."

FDA expects to complete the rule by early 1998, after they finish analyzing comments from the proposed rule.

What does this mean for the Military Health Services System? Since a CFC-free albuterol product is now available in the US, CFC-containing albuterol metered dose inhalers could be discontinued as early as 1999. Even though Schering-Plough announced that they would phase out their CFC-containing

albuterol metered dose inhaler this year in favor of their CFC-free inhaler, other sources exist for this product at approximately the same price.

Beginning with fiscal year 1999, military medical treatment facilities should anticipate dramatic changes in the metered dose inhaler market. If categories of CFC-containing inhalers are discontinued, generic products will not be available for several years. This means that the price of the inhalers will increase, perhaps as much as 7 to 8 times today's cost.

The PEC will continue to monitor this issue and work with DPSC to obtain the best prices possible for these products.

From the Literature..... Clinical Guidelines

American College of Physicians

American College of Physicians. Clinical Guideline, Part I. Guidelines for assessing and managing the perioperative risk from coronary artery disease associated with major noncardiac surgery. *Ann Intern Med* 1997;127:309-12.

Palda VA, Detsky AS. Clinical Guideline, Part II. Perioperative assessment and management of risk from coronary artery disease. *Ann Intern Med* 1997;127:313-28.

American Society of Clinical Oncology

American Society of Clinical Oncology. Clinical practice guidelines for the treatment of unresectable non-small-cell lung cancer. *J Clin Oncol* 1997;15:2996-3018.

Centers for Disease Control and Prevention

Centers for Disease Control and Prevention. Interim guidelines for prevention and control of

staphylococcal infection associated with reduced susceptibility to vancomycin. *MMWR* 1997;46:626-8, 635.

Studies Conducted at MTFs

The following studies were conducted in military medical treatment facilities (MTFs) and may be useful to other MTF practitioners. If you have a published study that was conducted in your MTF, please let us know.

Myers D. Identification and eradication of *Helicobacter pylori* in an isolated patient population. *Mil Med* 1997;162:507-9.

- This study identified *Helicobacter pylori*-positive patients and treated them with 14 days of amoxicillin or tetracycline, bismuth subsalicylate, and metronidazole. Patients were followed to confirm cure. Cost savings are reported.

Lewis JS. Pharmaceutical representative detailing assessment. *Fed Practitioner* 1997;14(8):49-53.

- This study objectively assessed pharmaceutical representative detailing efforts to evaluate drug information dissemination. Pharmaceutical representatives were tracked for 3 years. The results indicated a need for clinical pharmacists to provide unbiased clinical drug information to educate physicians and other health professionals.

PEC New World Wide Web Address

The PEC has recently been assigned a new World Wide Web address. Please make a note of the new address at:

<http://www.pec.mil>